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# **PART 1.**

## **PSYCHIATRIC REHABILITATION PROCESS**

### ***CONCEPTS AND DESCRIPTION***

# PSYCHIATRIC REHABILITATION

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***“The stress that psychiatric rehabilitation professionals put on doing things only with clients (and not to or for them) is one that strikes a responsive chord in people who, all too often, have been subjected to paternalistic, coercive, or compulsory interventions .”***

Judy Chamberlain (1989)

Ex-patient Groups and Psychiatric Rehabilitation

***“The rehabilitation professional, whether a psychiatrist, rehabilitation counselor, psychologist, social worker, nurse, occupational therapist, or mental health counselor, must be able to answer the question: ‘What can I effectively do for persons with psychiatric disabilities that is not some variation of chemotherapy or psychotherapy?’ .”***

Anthony, Cohen, & Farkas (1990)

Psychiatric Rehabilitation

# MENTAL HEALTH SERVICES

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- × Crisis Intervention
  - × Basic Support
  - × Case Management
  - × Treatment
  - × **Rehabilitation**
  - × Enrichment
  - × Rights Protection
  - × Peer Support
  - × Health Promotion
- Personal Safety
  - Health and Sustenance
  - Access to Services
  - Symptoms/Distress
  - **Role Functioning**
  - Interests, Knowledge & Abilities
  - Legal & Moral Rights
  - Emotional Support & Guidance
  - Functional Health & Quality of Life

Cohen, M., Cohen, B., Nemec, P., Farkas, M., & Forbess, R. (1988). *Psychiatric Rehabilitation Training Technology: Case Management*. (Trainer Package). Boston: Boston University, Center for Psychiatric Rehabilitation, Trustees of Boston University.

# ***PSYCHIATRIC REHABILITATION: AN APPROACH VS. A MODEL***

## **Approach**

**Philosophy, Process,  
Technology**



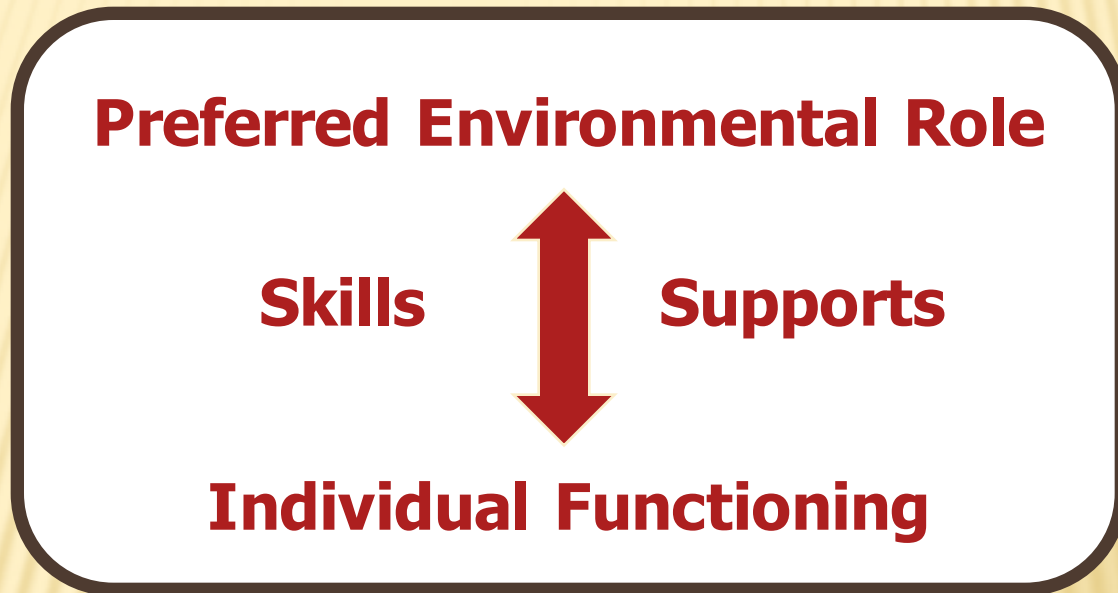
## **Program Models**

- **Inpatient Unit**
- **Clinic**
- **Supported Living**
- **IPR**



# KEY PSYCHIATRIC REHABILITATION CONCEPTS

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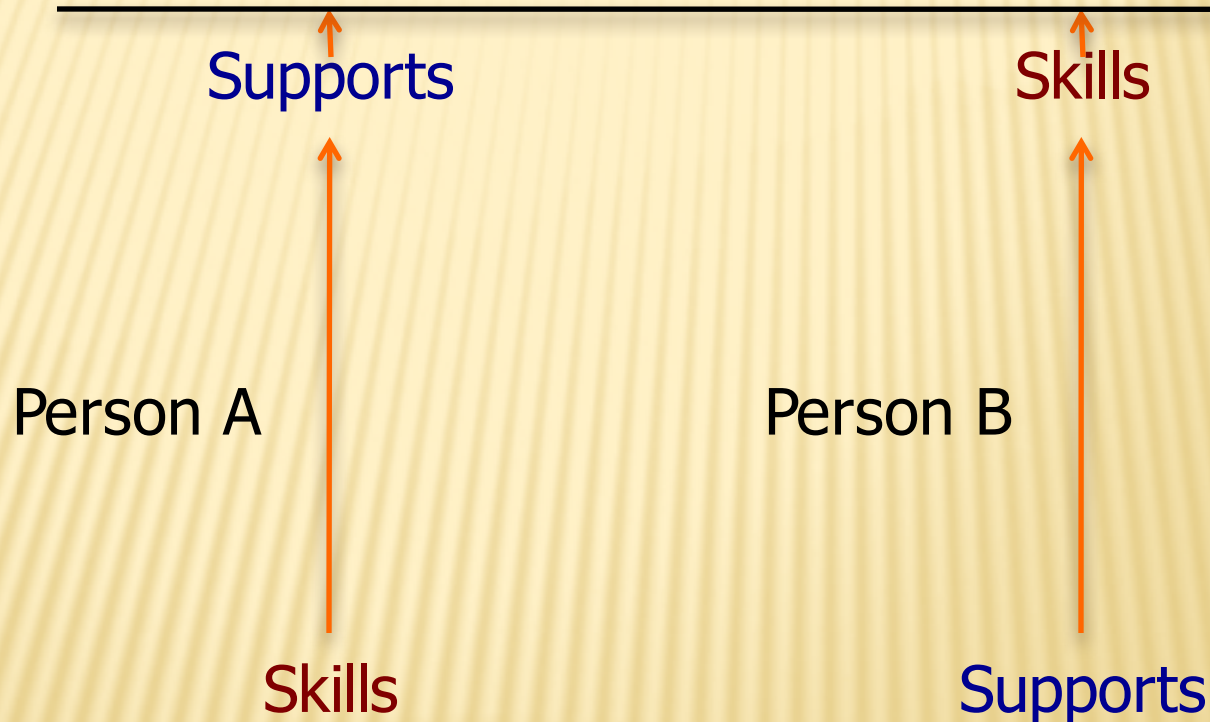


- Environment & Role Focused
- Motivation Follows Preference
- Functioning Depends on Skills & Supports

# INDIVIDUALIZED SKILL/SUPPORT MIX

***Successful & Satisfactory Functioning in Specific Role***

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# EMPIRICAL BASE FOR PSYCHIATRIC REHABILITATION

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- ★ Research evidence that preference, skills, & supports relate most strongly to rehabilitation outcomes.
- ★ Research evidence that the psychiatric rehabilitation approach positively impacts functioning in living and working environmental roles.
- ★ Research evidence on psychiatric rehabilitation processes that promote positive change and growth.

Anthony, W. A., & Farkas, M. D. (2011). *The Essential Guide to Psychiatric Rehabilitation Practice*. Boston: Boston University Center for Psychiatric Rehabilitation.

# **EVIDENCE BASED PSYCHIATRIC REHABILITATION PROCESSES**

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- ✓ How to develop and maintain a partnership relationship
- ✓ How to facilitate positive expectancies and hope for change
- ✓ How to facilitate an individual' s setting self-determined and informed goals
- ✓ How to facilitate people gaining insights about their own behavior
- ✓ How to teach and support application of new skills
- ✓ How to facilitate an individual' s linkage to and successful use of supports

Adapted from: Anthony, W. A., & Farkas, M. D. (2011). *The Essential Guide to Psychiatric Rehabilitation Practice*. Boston: Boston University Center for Psychiatric Rehabilitation.

Center for Psychiatric Rehabilitation, Boston University (2012)



# PSYCHIATRIC REHABILITATION PROCESS: SOLUTIONS TO ROLE FUNCTIONING ISSUES

## ISSUES

- Is the individual committed to the change process?
- Has the individual made an informed choice of an environmental role?
- What are the skills needed and wanted to function in the chosen environmental role?
- What are the supports needed and wanted to function in the chosen environmental role?



## PROCESS

- **Assessing & Developing Readiness** (*Clarifying and Developing Hope & Confidence*)
- **Setting the Overall Rehabilitation Goal** (*Choosing a Valued Role*)
- **Conducting the Functional Assessment** (*Achieving a Valued Role*)
- **Conducting the Resource Assessment** (*Achieving a Valued Role*)

# PSYCHIATRIC REHABILITATION ACTIVITIES: SOLUTIONS TO ROLE FUNCTIONING ISSUES

## ISSUES

- How can I involve the individual in a systematic series of skill learning activities ?
- How can I assist the individual to overcome barriers to utilizing skills?
- How can I assist the individual to access needed and wanted supports?
- How can I assist the providers of supports to make accommodating changes ?



## ACTIVITIES

- ***Direct Skills Teaching***  
(Achieving a Valued Role)
- ***Skill Use Programming***  
(Achieving a Valued Role)
- ***Resource Coordination***  
(Achieving a Valued Role)
- ***Resource Modification***  
(Achieving a Valued Role)

# SEQUENCE OF MAJOR PSYCHIATRIC REHABILITATION PROCESS ACTIVITIES

***1. Engage***

***2. Assess Readiness***

***3. Select the Rehabilitation Strategy***

**Engagement**

**Developing  
Readiness**

**Choosing  
Valued Roles**

**Achieving  
Valued Roles**

***4. Deliver Psychiatric Rehabilitation Services***

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## **PART 2.**

# **PSYCHIATRIC REHABILITATION PROCESS**

## ***EXAMPLE***



# SEQUENCE OF MAJOR PSYCHIATRIC REHABILITATION PROCESS ACTIVITIES

**1. Engage**

**2. Assess Readiness**

**3. Select the Rehabilitation Strategy**

**Engagement**

**Developing  
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**Choosing  
Valued Roles**

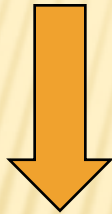
**Achieving  
Valued Roles**

**4. Deliver Psychiatric Rehabilitation Services**

# **ENGAGEMENT BARRIERS**

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**Unable**



**Symptoms**

**Unwilling**



**Personal Connection**

# **GUIDELINES FOR DEVELOPING AN ENGAGEMENT STRATEGY**

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- Focus treatment plan on engagement as a goal.
- Utilize all staff resources & current practices.
- Design activities with consumers' personal preferences in mind.
- Bring the activity to the person.
- Bias for Experiential vs. Verbal
- Supplement groups with 1:1
- Limit group size or co-lead.
- High frequency, short duration.
- Build responsive relationships.

# **EXAMPLE: ENGAGEMENT ACTIVITIES**

<b>Who</b>	<b>What</b>	<b>When</b>
Rehab Aide	Small Group – “Music Lab”	M-F 10:00 – 11:00 AM
Psychologist	1:1 Session – Self-Directed	M-W-F 1:00 – 1:15 PM
Social Worker	Small Group – “Family Appreciation”	W & F 9:00 – 9:30 AM
Nurse	1:1 Blood Pressure Check	Daily AM & PM
Mental Health Worker	1:1 Sports News TV	Daily 7:00 PM – 8:00 PM
Psychiatrist	1:1 Medication Monitoring	M & F 2:00 PM – 2:15 PM



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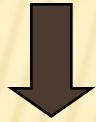
**Achieving  
Valued Roles**

**4. Deliver Psychiatric Rehabilitation Services**

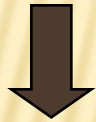
# READINESS ASSESSMENT PROCESS

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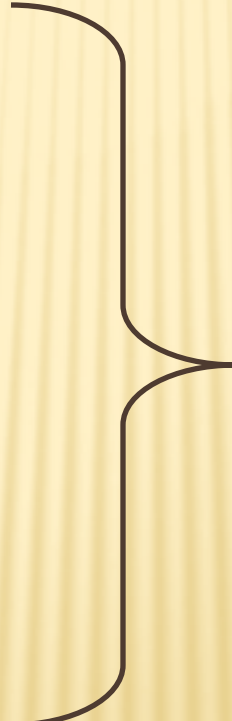
Gather Information



Interpret Information



Rate the Degree of Readiness

- 
- Need
  - Commitment
  - Awareness
  - Personal Closeness
  - Overall Readiness

Adapted from: Farkas, M., Cohen, M., McNamara, S., Nemec, P., & Cohen, B. (2000). Assessing readiness for rehabilitation: Training package. Boston, MA: Center for Psychiatric Rehabilitation.

Center for Psychiatric Rehabilitation, Boston University (2012)

# ***INTRODUCTION TO ROBERT***

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- Forty years old
- Recently discharged from psychiatric hospital after stay of three weeks.
- Receiving clinic follow-up services
- Living with parents & sister.
- Lived for brief time in apartment before 1<sup>st</sup> hospitalization ten years ago.
- Five admissions in last ten years
- Long term view includes “...having a house with a yard large enough for a garden.”

# **EXAMPLE: READINESS ASSESSMENT**

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**Need** – Robert is very unhappy about living at home because of the expectations his parent's put on him and lack of privacy. His parents, however, are generally satisfied with Robert living at home for the time being but think he eventually needs to move out to “prepare for the day that we're not here”.

**Rating - 4**

Adapted from: Farkas, M., Cohen, M., McNamara, S., Nemec, P., & Cohen, B. (2000). Assessing readiness for rehabilitation: Training package. Boston, MA: Center for Psychiatric Rehabilitation.

Center for Psychiatric Rehabilitation, Boston University (2012)



# **EXAMPLE: READINESS ASSESSMENT**

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**Commitment** – Although Robert believes that he'd be happier living on his own, he doesn't have confidence that he'd be able to succeed. He remembers how stressful it was the only time he tried it, and it feels overwhelming to him. Also, despite not being happy with living with his parents, he doesn't believe that anyone would be as supportive as they are when support is really needed.

**Rating - 2**

Adapted from: Farkas, M., Cohen, M., McNamara, S., Nemec, P., & Cohen, B. (2000). Assessing readiness for rehabilitation: Training package. Boston, MA: Center for Psychiatric Rehabilitation.

Center for Psychiatric Rehabilitation, Boston University (2012)

# **EXAMPLE: READINESS ASSESSMENT**

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**Self-Awareness** – Robert can't describe in detail what he'd like or dislike about a place to live. He's sure about what a couple of his personal values are; freedom and loyalty; but can't list or describe any beyond those two.

**Rating - 2**

Adapted from: Farkas, M., Cohen, M., McNamara, S., Nemec, P., & Cohen, B. (2000). Assessing readiness for rehabilitation: Training package. Boston, MA: Center for Psychiatric Rehabilitation.

Center for Psychiatric Rehabilitation, Boston University (2012)

# **EXAMPLE: READINESS ASSESSMENT**

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**Environmental-Awareness** – Robert knows very little about potential places to live in the community. He knows the basics about the demands of living in an apartment, but can only name one other type of place to live in the community; “group home”. He’s never been to a group home and knows almost nothing about the services offered, other residents, expectations, the daily routine, etc. He has no experience with selecting a place to live.

**Rating - 2**

Adapted from: Farkas, M., Cohen, M., McNamara, S., Nemec, P., & Cohen, B. (2000). Assessing readiness for rehabilitation: Training package. Boston, MA: Center for Psychiatric Rehabilitation.

Center for Psychiatric Rehabilitation, Boston University (2012)

# **EXAMPLE: READINESS ASSESSMENT**

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**Personal Closeness** – Robert feels very comfortable with most of the staff in the program, many of whom he's known for several years. He feels that the staff really care about him and over time has developed a high level of trust with one staff person in particular.

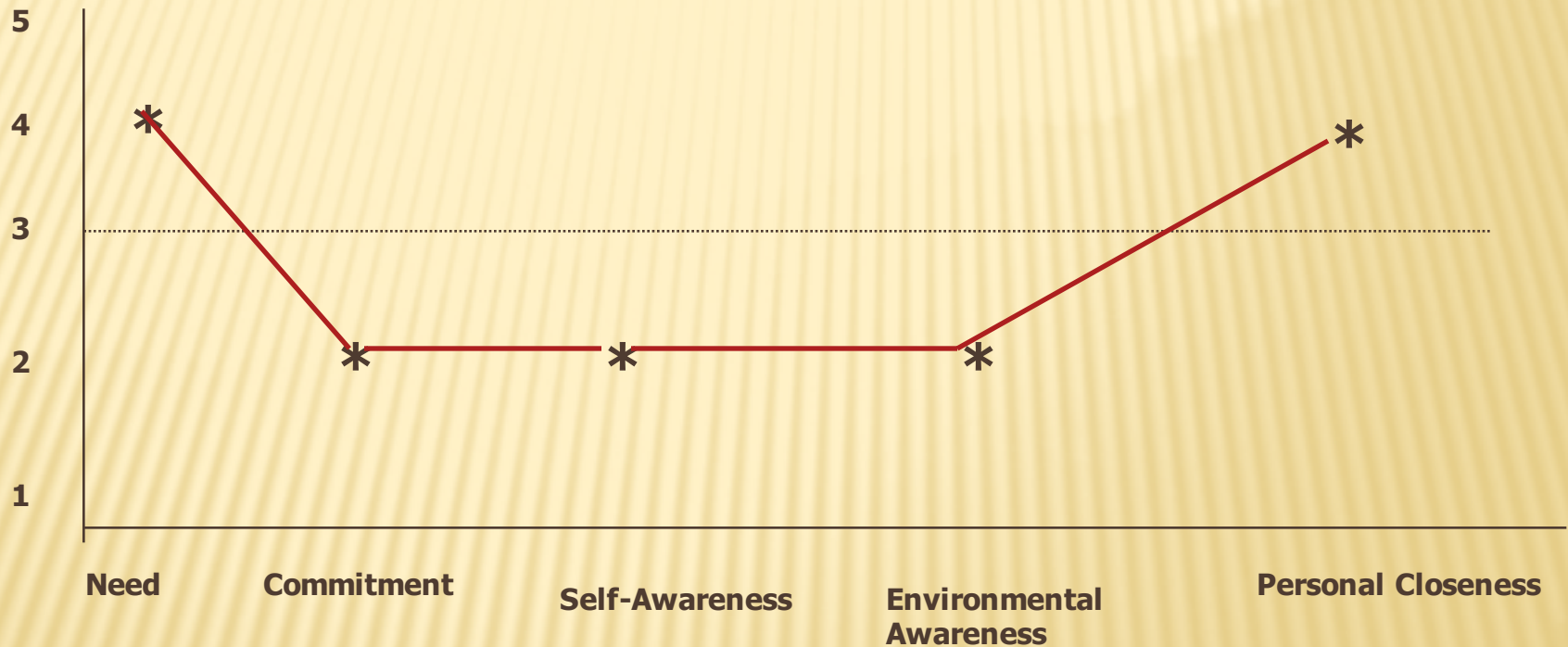
**Rating - 4**

Adapted from: Farkas, M., Cohen, M., McNamara, S., Nemec, P., & Cohen, B. (2000). Assessing readiness for rehabilitation: Training package. Boston, MA: Center for Psychiatric Rehabilitation.

Center for Psychiatric Rehabilitation, Boston University (2012)



# ROBERT'S READINESS ASSESSMENT PROFILE



**Strategy:** Develop Readiness

Adapted from: Farkas, M., Cohen, M., McNamara, S., Nemec, P., & Cohen, B. (2000). Assessing readiness for rehabilitation: Training package. Boston, MA: Center for Psychiatric Rehabilitation.

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# READINESS DEVELOPMENT STRATEGIES

## Develop Insights

- Self
- Environments
- Recovery
- Psychiatric Rehabilitation
- MH Services/Supports

## Develop Supports

- Credible
- Committed



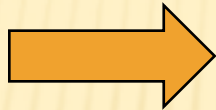
**Increase Hope, Confidence, Motivation**

Cohen, M., Forbess, R., & Farkas, M. (2000). *Psychiatric Rehabilitation Training Technology: Developing Readiness for Rehabilitation*. (Trainer Package). Boston: Boston University, Center for Psychiatric Rehabilitation, Trustees of Boston University.

# ***ROBERT'S READINESS DEVELOPMENT STRATEGY***

## **Low Commitment**

- Lack of Confidence
- Lack of Belief in Support



- Involve in “ Personal Accomplishments” group
- Secure commitment from brother to accompany on recreational/leisure activity 1/2 day per month

## **Low Self-Awareness**

- About preferences
- About values



- Involve in 1:1 “Taking Interest Inventory” activity

## **Low Environmental Awareness**

- About types of places
- About characteristics of places



- Involve in “Learning about Living Options” group



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# **CHOOSING VALUED ROLES: KEY CONCEPTS**

- Process compensates for lack of experience, knowledge, & skills.
- Process can be recovery enhancing.
- Choice of a valued role is a recipient goal, not a program guarantee.

Adapted from: Cohen, M., Farkas, M., Cohen, B., & Unger, K. (1991). Training Technology: Setting an Overall Rehabilitation Goal. Boston, MA: Center for Psychiatric Rehabilitation.

# CHOOSING THE GOAL - COMPARISON OF ENVIRONMENTS

	Parent's Home	Pathways Residence	Fresh Start Apartments
<b>Affordable Rent</b>	+	-	-
<b>Self-Developed Schedule</b>	+	-	+
<b>Convenient Location</b>	+	+	+
<b>Responsive Support</b>	+ / -	+	+
<b>Similar Aged Residents</b>	-	+	+ / -
<b>Minimal Rules</b>	-	-	-
<b>Safe Neighborhood</b>	+ / -	+	+

**Initial Choice: Fresh Start Apartments by December 1, 2016**

Adapted from: Cohen, M., Farkas, M., Cohen, B., & Unger, K. (1991). Training Technology: Setting an Overall Rehabilitation Goal. Boston, MA: Center for Psychiatric Rehabilitation.

# CHOOSING THE GOAL – SIGNIFICANT OTHERS’ PERSPECTIVES

	Level of Support
<b>Parents</b>	High (Believes Robert can make it with support and needs to learn to be on her own.)
<b>Fresh Start Program Manager</b>	Medium (Believes Robert needs time in group residence first.)
<b>Social Worker</b>	High (Believes Robert is motivated and capable of learning skills required by December 2012.)
<b>Psychiatrist</b>	Low (Believes the target date should be 1 year later.)

**Robert’s Choice: Fresh Start Apartments by February 1, 2017**

Adapted from: Cohen, M., Farkas, M., Cohen, B., & Unger, K. (1991). Training Technology: Setting an Overall Rehabilitation Goal. Boston, MA: Center for Psychiatric Rehabilitation.



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# ACHIEVING VALUED ROLES: KEY CONCEPTS

- Skill competency and support reliability are crucial.
- Process focuses on getting and keeping specific role in specific environment.
- Assessment of skill and supports prescribes the intervention.

Adapted from: Anthony, W. A., & Farkas, M. D. (2011). *The Essential Guide to Psychiatric Rehabilitation Practice*. Boston: Boston University Center for Psychiatric Rehabilitation.

# ***LIST OF ROBERT'S CRITICAL SKILLS***

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- Organizing a Schedule (-)
- Responding to Questions (-)
- Evaluating Stressors (-)
- Expressing Feelings (-)
- Requesting Assistance (+)
- Selecting Conversation Topics (+)

Adapted From: Cohen, M., Farkas, M., & Cohen, B.: (1986). Functional Assessment: Training package. Boston, MA: Center for Psychiatric Rehabilitation.

# SKILL DEVELOPMENT METHODS

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**Teaching Skill Acquisition:** Skill evaluation indicates the recipient can't perform the skill at all, even in role-play or simulated situation.

**Programming Skill Use:** Skill evaluation indicates the recipient can't perform the skill in the needed circumstances and up to the needed level.

Adapted from: Cohen, M., Danley, K., & Nemec, P. (1985) Training Technology: Direct Skill Teaching. Boston, MA: Center for Psychiatric Rehabilitation



# **ROBERT'S LIST OF CRITICAL SUPPORTS**

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## **Essential Required Supports:**

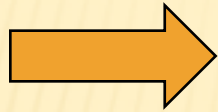
- “Productive Activity”
- Medication Monitoring

## **Personally Important Supports:**

- Supportive Counseling
- Social Setting
- Family Interaction

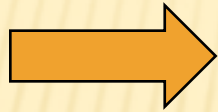
# RESOURCE COORDINATION METHODS

## **Selecting the Resource**



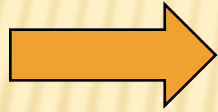
*Choosing a person or organization from whom the recipient wants support*

## **Clarifying the Need**



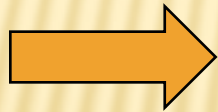
*Persuasively describing the support being requested & the reason for being selected*

## **Marketing**



*Presenting recipient assets & countering resource objections to providing support to the the recipient*

## **Negotiating**



*Settling with the resource on a mutually acceptable way to overcome barriers to providing support to the recipient*

From: Cohen, M., Nemec, P., Farkas, M, Forbess, R.: (1988). Case Management Training package. Boston, MA: Center for Psychiatric Rehabilitation.